



U.S. Department of Transportation  
National Highway Traffic Safety Administration

**DOT Auto Safety Hotline**  
**Vehicle Owner's Questionnaire**  
To Report Vehicle Safety Defects  
1-888-DASH-2-DOT  
(1-888-327-4236)  
INTERNET: [www.nhtsa.dot.gov/hotline](http://www.nhtsa.dot.gov/hotline)

FOR AGENCY USE ONLY 335

Date Received

Repository

2003 JUL -3 AM 10:22  
27-MAY-2003

Reference No.  
10021647

**OWNER INFORMATION (Type or Print)**

Name: [REDACTED] (CORRECTION) [REDACTED]  
Address: [REDACTED]  
City: SOMERS State: NY Zip Code: [REDACTED]

Daytime Telephone Number

E-mail Address

Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle?  YES  NO  
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date: 1/1

**VEHICLE INFORMATION**

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side: 2GDEK19K5S1 [REDACTED]  
Make: GMC Model: K1500 Model Year: 1995  
Date Purchased: 2-18-95 Dealer's Name and Telephone Number: J.C. BILLION MOTORS 406-686-4575  
Engine: No. Cylinders 8 Fuel Type: GAS  
Original Owner:  Dealer's City: BOZEMAN State: MT Zip Code: 59715  
Transmission Type: AUTOMATIC  Antilock Brakes Powertrain: K1500 4x4  
 Cruise Control Vehicle Component Code: 220000 SEATS  
Multiple Failure: 1 (2) DRIVER-PASSENGER

**FAILED COMPONENT(S)/PART(S) INFORMATION**

Incident Date(s): 04-AUG-2000 Failure Mileage: 25000 Failure Speed: STOPPED

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE**

Tire Make: \_\_\_\_\_ Tire Model (Name or Number): \_\_\_\_\_ Tire Size (Example P215/65R15): \_\_\_\_\_  
DOT No. (Example: DOTM1A8ABC036)  Original Equipment  Prior Repair Failure Location: \_\_\_\_\_  
Tire Component Code: \_\_\_\_\_ Tire Failure Type: \_\_\_\_\_

**ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE**

Make: \_\_\_\_\_ Date Manufactured: \_\_\_\_\_ Model No./Name: \_\_\_\_\_  
Seat Type: \_\_\_\_\_ Installation System: \_\_\_\_\_  
Child Seat Component Code: \_\_\_\_\_ Failed Part: \_\_\_\_\_

**APPLICABLE INCIDENT INFORMATION**

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash:  Yes  No Fire:  Yes  No Number of Persons Injured: 2 Number of Deaths: \_\_\_\_\_ Reported to Police:  YES

Narrative Description of Incident(s), Crash(es), and Injury(ies).  
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure, (e.g., parts repaired or replaced (and if old part is available)).

THE DRIVER AND PASSENGER SEAT COLLAPSED WHEN ANOTHER CAR REAR ENDED THE CONSUMERS VEHICLE. THE OTHER VEHICLE WAS TRAVELING AT 55 MPH. AS A RESULT THE DRIVER AND PASSENGER WERE INJURED. \*NLM, \*AK

VEHICLE WAS TOTALED.

THE RECLINING MECHANISM LET GO AND THE BACKS OF THE SEATS RECLINED, SO WE ENDED UP IN THE BACK SEAT OF THE EXTENDED CAB.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice.

ATTACH ADDITIONAL SHEETS IF NECESSARY

The Privacy Act of 1974 (Public Law 93-579) This information is requested pursuant to authority vested in the National Highway Traffic Safety Act and subsequent amendments. You are under no obligation to respond to this questionnaire. Your responses may be used to assist the NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If the NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your responses, or a statistical summary thereof, may be used in support of the agency's action.

**KALISPELL POLICE DEPARTMENT**

Frank Garner, Chief of Police

P.O. Box 1997 • 406-758-7780 • Kalispell, MT 59903

**Accident Exchange/Driver Information**

Location 800 Block E. Idaho St

Date 8/4/00 Time 1:50<sup>4</sup>pm  
1:50<sup>7</sup>pm

Driver [REDACTED]

Address [REDACTED]

City Conrad St. MT

Phone [REDACTED] Pass# 0

DL [REDACTED] DOB 01/07/63

37 y.o.

DL State MT Exp 2007

Status \_\_\_\_\_ Rest \_\_\_\_\_ Comp Y N

Veh Make Mercury Yr 93

Lic# [REDACTED] St MT Yr 01

VIN 1MEEM5045PG [REDACTED]

Seat Belts YES Inj NO

Reg Owner same

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_

Insurance Progressive Northwestern

Pol# [REDACTED]

Wrecker Bills

Officer Brenden K-18

White - File Copy - Yellow - Driver

①-# 200CR0010898

00-311

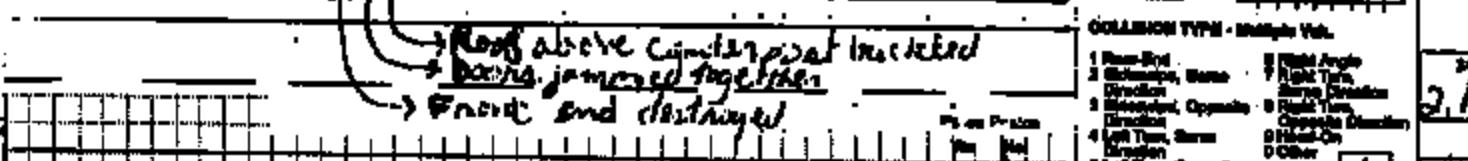
Local Use 200CR0010898

CRASH INVESTIGATOR'S REPORT

|      |        |           |       |     |      |       |              |           |                |             |
|------|--------|-----------|-------|-----|------|-------|--------------|-----------|----------------|-------------|
| Year | Agency | ID Number | Month | Day | Year | Time  | Name of City | City Code | Name of County | County Code |
| 00   | 067    | 001808    | 08    | 04  | 00   | 1.504 | Katipell     | 067       | Flethead       | 07          |

800 Block Hwy 2 East (East Side), N B W  
 3000 Feet, 7th Ave E N

Class of Thoroughway: 3, Speed Limit: 0.35, Traffic Control: 0, 0  
 Construction/Alteration Zone: 0, Lane Study Suggested: 0, Speed Limit: 0.35, Speed Limit Limit: M, Traffic Control: 0, 0, Highway: 0, Reservation: 0



17 Veh 2 was stopped in the inside westbound lane of the 800 block of Hwy 2 East. Traffic was backed up from the intersection of Hwy 2 East and 7th Ave E N, because of the light. Veh 1 was too slow in the same direction, behind Veh 2. Driver 1 told me he was looking down at a compact disc and he didn't see all the traffic had stopped ahead of him. Driver 1 told me he couldn't have been driving more than 2-3 MPH over the speed limit prior to seeing Veh 2.

|                 |                 |
|-----------------|-----------------|
| Driver 1 Name   | Driver 2 Name   |
| [Redacted]      | [Redacted]      |
| City: Connad MT | City: Somers MT |

|  |                                    |                              |                                 |
|--|------------------------------------|------------------------------|---------------------------------|
| Date of Birth: 0.02.107.19.63            | Driver License Status: Progressive | Date of Birth: 0.709.19.45   | Driver License Status: Hartford |
| Violation Code 1: 5.134.020.67A.1.0.4388 | Violation Code 2: [Redacted]       | Violation Code 1: [Redacted] | Violation Code 2: [Redacted]    |

|                       |                       |
|-----------------------|-----------------------|
| Vehicle 1: Commercial | Vehicle 2: Commercial |
| Driver: [Redacted]    | Driver: [Redacted]    |
| City: [Redacted]      | City: [Redacted]      |

|  |  |
|--|--|
| Vehicle 1: 1 MELMS045PG, Mercury, 1993 MT                                | Vehicle 2: 2 GDEK19K681, GMC, 1995 MT                                    |
| Vehicle Damage: [Diagram of Mercury car with damage marks]               | Vehicle Damage: [Diagram of GMC car with damage marks]                   |
| Vehicle Damage Severity: [X] None, [ ] Disabling, [ ] Partial, [ ] Other | Vehicle Damage Severity: [X] None, [ ] Disabling, [ ] Partial, [ ] Other |
| Vehicle Damage (\$): [X] Over \$1000                                     | Vehicle Damage (\$): [X] Over \$1000                                     |

|   | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | Driver and Passenger Names | If Deceased, Give Date of Death |
|---|----|----|----|----|----|----|----|----|----|----|----------------------------|---------------------------------|
| A | 1  | 11 | 3  | 3  | 0  | 0  | 0  | 0  | 1  | 37 | M                          | [Redacted]                      |
| B | 2  | 11 | 3  | 9  | 0  | 0  | 1  | 0  | 0  | 55 | M                          | [Redacted]                      |
| C | 2  | 13 | 3  | 9  | 0  | 0  | 1  | 0  | 0  | 48 | F                          | [Redacted]                      |
| D |    |    |    |    |    |    |    |    |    |    |                            |                                 |
| E |    |    |    |    |    |    |    |    |    |    |                            |                                 |
| F |    |    |    |    |    |    |    |    |    |    |                            |                                 |
| G |    |    |    |    |    |    |    |    |    |    |                            |                                 |

Officer's Signature: J. Kander / McCree, ID Number: K18, Date: 08-01-00, City: Katipell, Time: 080400, Date: 080400, Location: 1.50.7